

BK 0398 PG 0300

STATE MS. - DESOTO CO.
FILED

AUG 24 1 56 PM '01

BK 398 PG 300
W.E. BAYLOR, CLERK

KENNETH W. CROSS, SR.
GRANTOR(S)

TO

KENNETH W. CROSS, JR. AND
CAROLYN A. CROSS
GRANTEE(S)

QUITCLAIM DEED

For and in consideration of the sum of Ten Dollars (\$10.00) cash in hand paid and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, KENNETH W. CROSS, SR. , does hereby grant, bargain, sell, convey and quitclaim unto KENNETH W. CROSS, JR., AND CAROLYN A. CROSS, as joint tenants with full rights of survivorship, and not as tenants in common, the following described property situated in the County of DeSoto, State of Mississippi, together with all improvements and appurtenances thereon more particularly described as follows:

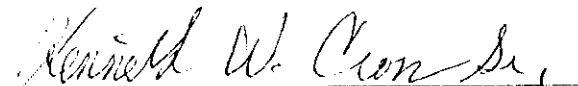
Lot 763, Section C, Southaven Subdivision, in Section 23, Township 1 South, Range 8 West, DeSoto County, Mississippi, as per Plat thereof recorded in Plat Book 2, Pages 19-22, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, Anne Cross passed away on October 19, 2000.

The warranty in this deed is subject to subdivision and zoning regulations in effect in DeSoto County, rights of ways and easements for public roads and public utilities and restrictive covenants and easements of record.


Possession is to be given with delivery of deed.

WITNESS MY SIGNATURE this the 22nd day of August, 2001.


Kenneth W. Cross, Sr.

STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority in and for the said county and state, on this the 22nd day of August, 2001, within my jurisdiction, the within named KENNETH W. CROSS, SR., who acknowledged that he executed the above foregoing instrument.


Notary Public

My Commission Expires:
June 21, 2003

NO TITLE WORK WAS REQUESTED FOR THIS TRANSACTION.

GRANTOR'S ADDRESS:
1645 Whitehead Drive
Southaven, MS 38671

Work #: N/A
Home #: N/A

GRANTEE'S ADDRESS:
5942 Steffeani Drive
Southaven, MS 38671

Work #: N/A
Home #: N/A

This Instrument Prepared By:
Eric L. Sappenfield
6858 Swinnea Road, #5 Rutland Place
Southaven, MS 38671
662/349-3436

9003qc



TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last)

ANNE E. CROSS

2. SEX

FEMALE

STATE FILE NUMBER

3. DATE OF DEATH (Month, Day, Year)

OCTOBER 19, 2000

4. SOCIAL SECURITY NUMBER (of Decedent)

413-60-6732

5a. AGE—LAST BIRTHDAY (years)

61

5b. UNDER 1 YEAR

5c. UNDER 1 DAY

6. DATE OF BIRTH (Month, Day, Year)

NOV. 23, 1938

7. BIRTHPLACE (City and State or Foreign Country)

MEMPHIS, TN

DECEDENT

8. WAS DECEDENT EVER IN U.S. ARMED FORCES?

1 ☐ Yes 2 ☒ No

HOSPITAL

9a. PLACE OF DEATH (Check only one)

1 ☒ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify)

9b. FACILITY NAME (if not institution, give street and number)

BAPTIST HOSPITAL CENTRAL

9c. CITY, TOWN, OR LOCATION OF DEATH

MEMPHIS

9d. COUNTY OF DEATH

SHELBY

10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)

MARRIED

11. SURVIVING SPOUSE (If wife, give maiden name)

KENNETH W. CROSS,

SR.

12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)

HOMEMAKER

12b. KIND OF BUSINESS/INDUSTRY

HOME

13a. RESIDENCE—STATE

MISSISSIPPI

13b. COUNTY

DESOTO

13c. CITY, TOWN OR LOCATION

SOUTHAVEN

13d. STREET AND NUMBER OR RURAL LOCATION

1645 WHITEHEAD DR.

CENSUS TRACT

13e. INSIDE CITY LIMITS?

1 ☒ Yes 2 ☐ No

38671

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.)

☐ Yes ☒ No

15. RACE—American Indian, Black, White, etc. (Specify)

WHITE

16. DECEDENT'S EDUCATION (Specify only highest grade completed)

Elementary/Secondary (0-12)

12

College (1-4 or 5+)

1

PARENTS

17. FATHER'S NAME (First, Middle, Last)

JOHN EDGERTON, SR.

18. MOTHER'S NAME (First, Middle, Maiden Surname)

JIMMETTE TROUT

INFORMANT

19a. INFORMANT'S NAME (Type/Print)

KENNETH W. CROSS, SR.

19b. RELATIONSHIP TO DECEASED

HUSBAND

19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

1645 WHITEHEAD, SOUTHAVEN, MS 38671

20a. METHOD OF DISPOSITION

1 ☒ Burial 2 ☐ Cremation 3 ☐ Removal from State

4 ☐ Donation 5 ☐ Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)

MEMORIAL PARK CEMETERY

20c. LOCATION—City or Town, State

MEMPHIS, TN

21a. SIGNATURE OF FUNERAL DIRECTOR

BOB WALL

21b. LICENSE NUMBER OF FUNERAL DIRECTOR

4191

21c. SIGNATURE OF EMBALMER

CHAD BLOUNT

21d. LICENSE NUMBER OF EMBALMER

5209

22a. NAME AND ADDRESS OF FUNERAL HOME

MEMORIAL PARK FUNERAL HOME, 5668 POPLAR AVE., MEMPHIS, TN 38119

22b. LICENSE NUMBER OF FUNERAL HOME

522

23. REGISTRAR'S SIGNATURE

24. DATE FILED (Month, Day, Year)

October 31, 2000

25a. PHYSICIAN: To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.

1 ☐ SIGNATURE AND TITLE OF PHYSICIAN

2 ☐ SIGNATURE AND TITLE OF MEDICAL EXAMINER

25b. LICENSE NUMBER

MD 009636

25c. DATE SIGNED (Month, Day, Year)

10-30-00

26a. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated.

26b. LICENSE NUMBER

26c. DATE SIGNED (Month, Day, Year)

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

DR. EMMEL B. GOLDEN, JR., 6025 WALNUT GROVE RD., SUITE #500, MEMPHIS, TN 38120

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. Respiratory failure

DUE TO (OR AS A CONSEQUENCE OF):

b. Aspiration pneumonia

DUE TO (OR AS A CONSEQUENCE OF):

c. _____

DUE TO (OR AS A CONSEQUENCE OF):

d. _____

DUE TO (OR AS A CONSEQUENCE OF):

Approximate Interval Between Onset and Death

2 days

One week

Sequently list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

29a. WAS AN AUTOPSY PERFORMED?

1 ☐ Yes 2 ☐ No

29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 ☐ Yes 2 ☐ No

30. MANNER OF DEATH

1 ☒ Natural 5 ☐ Pending Investigation

2 ☐ Accident 6 ☐ Could not be Determined

3 ☐ Suicide 4 ☐ Homicide

31a. DATE OF INJURY (Month, Day, Year)

31b. TIME OF INJURY

31c. INJURY AT WORK?

1 ☐ Yes 2 ☐ No

31d. DESCRIBE HOW INJURY OCCURRED

31e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

Intracranial hemorrhage

3. INSTRUCTIONS OTHER SIDE

CAUSE OF DEATH

RR